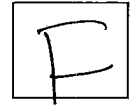


ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY



W-02524A
FORT MOJAVE TRIBAL UTILITIES AUTHORITY
ATTN: WILLIAM L. CYR
P. O. BOX 5559
MOHAVE VALLEY, AZ 86446

ANNUAL REPORT
Water

FOR YEAR ENDING

12	31	2009
-----------	-----------	-------------

FOR COMMISSION USE

ANN 04	09
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5-13-10

COMPANY INFORMATION

Company Name (Business Name) <u>Fort Mojave Tribal Utilities Authority</u>			
Mailing Address <u>PO Box 5559</u>			
<u>Mohave Valley</u> (City)	<u>Az</u> (State)	<u>86446</u> (Zip)	
<u>(928) 768-2200</u> Telephone No. (Include Area Code)	<u>(928) 768-2262</u> Fax No. (Include Area Code)		
Email Address _____			
Local Office Mailing Address _____			
(Street)			
(City)	(State)	(Zip)	
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			

MANAGEMENT INFORMATION

<input type="checkbox"/> Regulatory Contact:			
<input checked="" type="checkbox"/> Management Contact: <u>William K. Cyr</u> <u>GENERAL Manager</u>			
<u>8780 Highway 95</u> (Street)		<u>Mohave Valley</u> (City)	<u>Az</u> <u>86440</u> (State) (Zip)
<u>(928) 768-2200</u> Telephone No. (Include Area Code)	<u>(928) 768-2262</u> Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>beyr@ahamacaav.com</u>			
On Site Manager: <u>Same</u>			
(Name)			
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			

Statutory Agent: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: PENDING at this time

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

☐ Sole Proprietor (S)

☐ C Corporation (C) (Other than Association/Co-op)

☐ Partnership (P)

☐ Subchapter S Corporation (Z)

☐ Bankruptcy (B)

☐ Association/Co-op (A)

☐ Receivership (R)

☐ Limited Liability Company

☒ Other (Describe) TRIBAL ENTITY

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ APACHE

☐ COCHISE

☐ COCONINO

☐ GILA

☐ GRAHAM

☐ GREENLEE

☐ LA PAZ

☐ MARICOPA

☒ MOHAVE

☐ NAVAJO

☐ PIMA

☐ PINAL

☐ SANTA CRUZ

☐ YAVAPAI

☐ YUMA

☐ STATEWIDE

COMPANY NAME FORT Mojave TRIBAL Utilities Authority

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	4779		4779
302	Franchises	0		0
303	Land and Land Rights	2616		2616
304	Structures and Improvements	9770	9770	0
307	Wells and Springs	17862	17862	0
311	Pumping Equipment	20175	20175	0
320	Water Treatment Equipment	1899	1899	0
330	Distribution Reservoirs and Standpipes	10717	10717	0
331	Transmission and Distribution Mains	271,281	271,281	0
333	Services	15,359	15,359	0
334	Meters and Meter Installations	28,355	28,355	0
335	Hydrants	1,477	1,477	0
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	24,211	24,211	0
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	23,000	23,000	0
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	431,501	424,106	7395

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME FORT Mojave TRIBAL Utilities Authority

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	4,779		
302	Franchises			
303	Land and Land Rights	2,616		
304	Structures and Improvements	9,770	0	0
307	Wells and Springs	17,862		
311	Pumping Equipment	20,175		
320	Water Treatment Equipment	1,899		
330	Distribution Reservoirs and Standpipes	10,717		
331	Transmission and Distribution Mains	27,281		
333	Services	15,359		
334	Meters and Meter Installations	28,355		
335	Hydrants	1,477		
336	Backflow Prevention Devices	0		
339	Other Plant and Misc. Equipment	24,211		
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	23,000		
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	431,561		0

This amount goes on the Comparative Statement of Income and Expense _____
Acct. No. 403.

COMPANY NAME Fort Mojave TRIBAL Utilities Authority

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 87,513	\$ 92,328
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	49,471	22,047
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		8,526
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 136,984	\$ 122,901
	FIXED ASSETS		
101	Utility Plant in Service	\$ 431,501	\$ 431,501
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	<422,845>	<424,106>
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 8,656	\$ 7,395
	TOTAL ASSETS	\$ 145,640	\$ 115,506

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME FORT MEYER TRIBAL Utilities Authority

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 17,956	\$ 21,662
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	31,884	31,358
236	Accrued Taxes	43,557	6,500
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 93,397	\$ 59,520
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction -- <u>TRIBE</u>	18,305	21,847
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 18,305	\$ 21,847
	TOTAL LIABILITIES	\$ 111,602	\$ 81,367
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	34,038	34,139
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 145,640	\$ 115,506

COMPANY NAME FORT MOHAVE TRIBAL Utilities Authority

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 374,701	\$ 366,530
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL REVENUES	\$ 374,701	\$ 366,530
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$ 45,202
610	Purchased Water		138,515
615	Purchased Power		19,748
618	Chemicals		
620	Repairs and Maintenance		19,136
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		21,808
641	Rents		
650	Transportation Expenses		4,532
657	Insurance – General Liability		
659	Insurance - Health and Life		53,175
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		160,456
403	Depreciation Expense	126,444	0
408	Taxes Other Than Income <u>AZ/TRIBAL SLS TX</u>	38,456	22,941
408.11	Property Taxes	10,823	11,372
409	Income Tax	N/A	
	TOTAL OPERATING EXPENSES	\$	\$ 547,105
	OPERATING INCOME/(LOSS)	\$	\$ <180,575>
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$ 0
	NET INCOME/(LOSS)	\$	\$ <180,575>

COMPANY NAME

Fort Mojave TRIBAL Utilities Authority

SUPPLEMENTAL FINANCIAL DATA**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$ _____

Meter Deposits Refunded During the Test Year

\$ _____

COMPANY NAME	<i>Fort Mojave TRIBAL Utilities Authority</i>		
Name of System:	ADEQ Public Water System Number: <i>✓</i>		

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
532195	15	255	120'	8"	3"	1992
600333	15	200	180'	22"	3"	1979

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
City of NEEDLES (Backup)	275	42,767
Utilities Inc		17,490

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
7.5	1		
15	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
75,000	1	7000	1
		7000	1

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	<i>FORT MYGAVE TRIBAL Utilities Authority</i>	
Name of System:		ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

Chlorine Storage and injection system: St George

Chlorine Storage and injection system: Curseo

STRUCTURES:

St George - Pressure tank

Curseo - Pressure tank; 75000 gallon storage tank

OTHER:

Back up diesel water pump

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:

Name of System:

ADEQ Public Water System Number:

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	1347	8404		
FEBRUARY	1381	9287		
MARCH	1361	8,356		
APRIL	1353	7936		
MAY	1359	10,192		
JUNE	1394	11,220	961	11,900
JULY	1289	11,298	7915	6,689
AUGUST	1269	16,621	14,202	4,047
SEPTEMBER	1282	14,414	13,920	2,764
OCTOBER	1319	13,788	11,385	1,702
NOVEMBER	1305	11,574	8210	2,767
DECEMBER	1308	8,968	8433	2148
TOTALS →		132,248	65,226	32,017

What is the level of arsenic for each well on your system? < .0001 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____ GPM for _____ hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
☒ Yes () No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
() Yes () No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
() Yes () No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	
Name of System:	ADEQ Public Water System Number:

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER	/		
OCTOBER		3	
NOVEMBER			
DECEMBER			
TOTALS →	/	3	

OTHER (description):

COMPANY NAME _____ YEAR ENDING 12/31/2009

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2009 was: \$ 11,372.18

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

COMPANY NAME _____ YEAR ENDING 12/31/2009

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported
Estimated or Actual Federal Tax Liability

0 TRIBALLY OWNED

State Taxable Income Reported
Estimated or Actual State Tax Liability

0 TRIBALLY OWNED

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances
Amount of Gross-Up Tax Collected
Total Grossed-Up Contributions/Advances

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE

DATE

PRINTED NAME

TITLE

Date: April 22, 2010

Wells Fargo PhotoCopy
Request

Page 1 of 1

Reference: 2000046646994:2000046652994:2000046656994

FORT MOJAVE TRIBAL UTILITIES AUTHORITY		6210	
P.O. BOX 5559 MOHAVE VALLEY, AZ 86448		Check Number: 6210	WELLS FARGO BANK, N.A. WWW.WELLSFARGO.COM 91-527/1221
DATE		Oct 28, 2009	
Memo:		AMOUNT	
Eleven Thousand Three Hundred Seventy-Two and 18/100 Dollars		\$ 11372.18	
PAY TO THE ORDER OF		VOID AFTER 90 DAYS	
Mohave County Treasurer PO Box 52657 Phoenix, AZ 85072		AUTHORIZED SIGNATURE	

Security features Details on back

⑈006210⑈ ⑆122105278⑆ 8071795713⑈ ⑆0001137218⑆

11022009 52657 CREDITED TO PAYEE AEG
107 0186 092 >111901331< PHX RLBX
9044161100
027 1291 07 1 SO 634913305 FT WORTH, TX
11022009
111901331
5340450118

R/T Number 12210527
Sequence Number 8510295705
Account Number 8071795713

Processing Date 20091102
Amount 11372.18
Check Number 6210

90441611001200900000000005686096

Fax

To: William Cyr From: Renée de la Fuente
Fax: 928-768-2262 Date: 5-13-10
Phone: Pages: 4
Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Mr. Cyr.

I am sending back the V&S Statements for your signature and notarization. Once they are corrected, you can fax them back to me at 602-542-2129.

If you have any questions, please feel free to contact me at 602-364-0706.

Thank you.

Renée

**VERIFICATION
AND
SWORN STATEMENT
Taxes**

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

COUNTY NAME

MONTH

.20__

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 346,530

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 22,941
IN SALES TAXES BILLED, OR COLLECTED)
ARIZONA AND TRIBAL SALES TAX

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS _____ DAY OF

(SEAL)

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

COUNTY NAME	
MONTH	.20__

MY COMMISSION EXPIRES _____

SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only**

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	
NAME (OWNER OR OFFICIAL)	TITLE
COMPANY NAME	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>366,530</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 22,941
IN SALES TAXES BILLED, OR COLLECTED)
ARIZONA AND TRIBAL SALES TAX

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

--

DAY OF

(SEAL)

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	, 20__

SIGNATURE OF NOTARY PUBLIC